

nication was cut off between the duodenum and the stomach; and it seems singular that this fact alone did not lead to the suspicion that there was some functional or organic disorder of the pylorus.

The erosion of the gastric mucons membrae can scarcely be deemed in this case an idiopathic affection. The low condition of the system caused by the pylorus preventing an egress of nutritive material from the stomach, powerfully predisposed to the production of the disease; and then the wear and tear of the stomach in the ceaseless agonies of vomiting, must have kept the organ constantly in a state of congestion bordering on hemorrhage; a condition of things which if continued must always result in serious organic mischief, and ultimately sap the foundations of life.

May 2. Phthisical Vomica in Base of Right Lung.—Dr. JOHN ASHHURST, Jr., reported the following case:—

J. L. F., aged 50, a seaman, admitted to the Pennsylvania Hospital on January 27th, 1862. The diagnosis made was phthisis, but at no time during life was an abscess suspected, probably from attention not having latterly been directed to the base of the lung. He died on the 21st of May from colliquative diarrhœa, and an autopsy was made 7½ hours after death. A very large abscess was found in the mediastinal space communicating by a narrow passage with another in the lower lobe of the right lung. Several patches of tubercle with commencing softening were found in the upper portions of both lungs.

In the liver were several accumulations of puriform liquid, which, however, under the microscope, showed no pus cells whatever.

There was no communication from the liver to the mediastinal abscess.

The pericardium was completely adherent. The heart itself presented no evidence of disease.

The large intestine was very much ulcerated, but was not found to contain any tuberculous deposit.

The other organs which were examined appeared normal.

Case of Acute Poisoning by Alcohol.—Dr. JOHN ASHHURST, Jr., exhibited the brain of the patient, and read the following account of the case:—

Julia H., aged about three years, was admitted into the Pennsylvania Hospital about twenty minutes past ten on the evening of Sunday, May 25th.

Dr. Joseph Shippen, who was called to the case before its admission, has courteously furnished me with the following particulars.

The child had been given by her mother, who was herself excessively intoxicated, two teacupfuls, I suppose about half a pint, of whiskey; two physicians had been sent for, but had successively resigned the case as hopeless without any effort, and Dr. Shippen was therefore the third practitioner who had seen the child. He found it cold, almost pulseless, and in a state bordering on complete collapse. He instantly administered thirty minims of the aromatic spirit of ammonia with a teaspoonful of the fluid extract of valerian, with the effect of rousing the patient and causing a profuse emesis. He also plunged the child up to the breast in a hot bath and retained it there until the capillary circulation of the skin became more active, as indicated by a general redness of the surface. When vomiting took place, along with the contents of the stomach was brought up a large quantity of frothy mucus expelled from the air passages.

When admitted to the hospital, although partially reacted, the child's

condition was critical in the extreme. The skin, though not absolutely cold, was clammy and relaxed. The pulse extremely weak and so frequent that it could scarcely be counted; the breathing exceedingly rapid, and each expiration followed by a peculiar moaning sound; the pupils widely dilated and immovable. The child was delirious and disposed to be restless. A sinapism which had been applied to the chest had not even reddened the skin. Having placed the child in bed and covered it warmly, I directed turpentine stupes to its chest, front and back, and large mustard plasters to its lower extremities: carbonate of ammonia in $1\frac{1}{4}$ grain doses was administered every quarter of an hour. Auscultation at this time showed great congestion of both lungs, without, however, any absolute inflammation. The action of the heart was rapid and feeble. About three-quarters of an hour later, on again applying my ear to the chest, I found mucous rales throughout, showing that effusion was rapidly going on. I was called to the child again at twelve o'clock, and on entering the ward found that she had just expired.

Neither the turpentine nor the mustard had in any degree reddened the skin. The left arm appeared much swollen and mottled.

An autopsy was made fourteen hours and a half after death with the following results. The whole body appeared bloated and livid in patches.

Head.—The membranes of the brain were much congested, the venous trunks being gorged with black blood. The brain substance was soft, but perhaps not more so than customary in children. The minute vessels of the dura mater were beautifully injected; the ventricles appeared natural; the brain substance studded with small red spots.

Thorax.—The lungs very much congested, of a dark-red hue, and the air passages filled with frothy mucus. The lung tissue floated in water, but floated almost entirely beneath the surface. The right cavities of the heart contained large clots of a "currant jelly" colour, and the great venous trunks were filled with dark fluid blood. The left side of the heart and aorta was empty.

Abdomen.—The stomach presented a patch of very slight redness near its cardiac orifice, but throughout the remainder of its extent appeared perfectly healthy.

The bladder was very much distended with urine. The liver rather pale; the kidneys and spleen healthy. The serous membranes throughout the body were completely free from adhesions.

The immediate cause of death in this case seems to have been the stoppage of respiration from accumulation in the air passages of mucus, which in so young a child could not be expectorated.

"The quantity of alcohol required to destroy life," says Taylor [*On Poisons, &c.*, 2d ed. p. 726], "cannot be fixed." It must depend on the age and habits of the person. The smallest quantity known to have proved fatal was in the case of a boy, æt. 7, who swallowed two wine-glassfuls of brandy (between three and four ounces). Here death took place in thirty hours.

Dr. Percy records a case in which the post-mortem appearances were almost precisely the same as in mine.

According to Mr. Bedingfield, as quoted in *Edinb. Med. and Surg. Journal*, xii. 489, the patient will recover if the iris remain contractile, but if it is dilated and motionless on the approach of a light, recovery is very improbable.

In acute cases (such as mine), the mucous coat of the stomach is not inflamed; when it is so, Dr. Ogston considers it rather to arise from fre-

quent drinking to excess, than from the dose which may finally prove fatal. [*Edinb. Med. and Surg. Journal*, xl. 292.]

An overdose of alcohol may prove fatal in a few minutes, or not until after several days. Fatal cases, however, generally terminate within twenty-four hours.

June 11. Old Apoplexy; Pericarditis; Single Kidney; Bifid Uterus.—Dr. PACKARD exhibited a kidney, bladder, and uterus, with the following history of the case from which they were derived:—

Mrs. M. L. C., æt. 53, had suffered for several years with symptoms indicating cerebral disease. Some doubt existed as to whether there was not also some lesion of the stomach. The immediate cause of death was exhaustion from suffering and imperfect nutrition.

Body very much emaciated. Some little rigor mortis. Skull very thick, and destitute of diploë. There was some turbid serum under the arachnoid. The brain matter generally was softened and wet, the right side being more so than the left. In the corpus striatum of the left side there was an apoplectic clot, perhaps one-third of an inch in diameter, evidently of some standing, and the surrounding cerebral substance was somewhat wrinkled. The right lobe of the cerebellum was soft, the markings of the arbor vitæ curiously indistinct, and the corpus dentatum wanting. All the arteries about the base of the brain were atheromatous.

Both lungs were healthy, although the left was somewhat adherent at its apex, and a small tubercular deposit, apparently in process of cretification, was observed in the corresponding lung-tissue.

The heart was large and fatty. Between the layers of the pericardium, around the base of the organ, lymph was deposited, evidently long ago. It was in sheets, with a smooth granular surface, and could easily be stripped off. One flap of the mitral valve was adherent. All the other valves were healthy.

On opening the abdomen, an enormously thick and fatty gastro-colic omentum was observed. It had adhesions at irregular points to all the viscera, including the uterus, and to the abdominal walls.

The stomach lay in a nearly vertical position; it was entirely normal. The liver was fatty; a large gall-stone distended the gall-bladder. The spleen was small, and upon section showed very numerous specks of whitish deposit like tubercle; microscopic examination did not, however, reveal any special type of cell.

The left kidney was wholly wanting, with its capsule; the organ of the right side was of more than average size. No sign of the left ureter existed in connection with the bladder, which was large and flabby, but otherwise normal.

The uterus was bifid, the separation between its lateral halves extending almost to the lower extremity of the organ; the os uteri was single. Just below the posterior lip of the os uteri there was a little transverse bridle of mucous membrane, like a perforated valve. It seems strange that this should have been unruptured in any of her four confinements.

As regards this abnormality of the kidney, it will perhaps be remembered that at the first meeting of the society in October of last year, I exhibited a specimen of a very similar character, taken from a male subject.